

## GRANTEE MONITORING

Grantee Name	Face2Face
Location/Address	1165 Arcade Street Saint Paul, MN 55106
Date and Location of Site Visit	3/28/17 1165 Arcade Street Saint Paul, MN 55106
Grantee Participants	Stephanie Reinitz, Jen Smith, Pang Vang, Vicki Talapa, Hanna Getachew-Kreusser, Ann Bryan
MDH Participant(s)	Mary Ottman
Grant Agreement #/PO #	55004

### **PURPOSE:**

In accordance with the MDH Policy 238.01 Grantee Monitoring, MDH will conduct at least one monitoring visit per grant period on all state grants of over \$50,000, and at least annual monitoring visits on grants of over \$250,000.

The purpose of the grant monitoring visit is to review and ensure progress against the grants' goals, to address any problems or issues before the end of the grant period and to build rapport between the state agency and the grantees. This visit may cover topics such as statutory compliance; challenges faced by the grantee, modifications made to the grant program, program outcomes, grantee policies and procedures, grantee governance, and training and technical assistance needs.

The findings or information obtained through this monitoring activity will be used:

- To ascertain how MDH program funds are being utilized
- To provide targeted technical assistance needs
- To improve program implementation performance
- To suggest other training needs
- In future funding decisions

### **OVERVIEW**

1. Is the Grantee's non-profit 501(c) 3 status current? [Yes.](#)

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2. Does the Grantee have a central file containing the official records for this grant agreement and/or amendment? **Yes - some are electronic and some are paper records.**
3. Where is this central file located? **In the Finance Director's office (Ann Bryan). The Director of Development (Dana Hays) also maintains records (copies) in her office.**
4. Who is responsible for this central file? **The hard copies, original copies, and electronic communications are the responsibility of the Finance Director (Ann Bryan). Electronic copies are the responsibility of the Program Director.**
5. Does the central file include
  - The grant proposal? **Yes.**
  - The award letter? **Yes.**
  - The signed grant agreement and any/all amendments? **Yes.**
  - Any/all requests and/or approvals for scope/budget changes? **Yes.**
  - The work plan? **Yes.**
  - Any/all payment requests (invoices)? **Yes**
  - Any/all signed subcontracts? **Not applicable (no subcontracts)**
  - Any/all Progress Reports? **Yes.**

## REPORTING REQUIREMENTS

1. Does the organization meet all reporting requirements as outlined in the grant agreement and/or amendment? **Yes.**
2. Are expenditure reports submitted timely and accurately? **Yes**
3. Are progress reports submitted with all required information and in a timely manner? **Yes. We submit quarterly progress reports on time and with the requested information.**

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### CONTRACTUAL

1. Does the Grantee have written policies or procedures addressing use of contractors and/or subcontractors? [Yes.](#)
2. Were any sub-contractors paid from the MDH grant required to sign a contractual agreement outlining services to be rendered, duration of engagement, and pay rate?  
[Yes.](#)
3. Was the contractual agreement(s) reviewed and approved by MDH before implementation? [N/A – contractor funding hasn't yet been spent this year.](#)

### PERSONNEL POLICIES, PROCEDURES AND PRACTICES OF THE GRANTEE

1. Are time distribution records (e.g., time-sheets) maintained to show how employees who are funded through, or contributed in kind to, the MDH grant and who work on multiple projects/programs spend their time? [Yes.](#)
2. Do personnel and/or payroll records show dates of hire/termination, immigration status if applicable, actual hours of time worked, leave time, federal and state programs worked on, and earning for all employees who are funded through, or contributed in kind, to the MDH grant? [Yes.](#)
3. Does the Grantee have policies and procedures in writing regarding:
  - Payroll? [Yes.](#)
  - Travel? [Yes.](#)
  - Overtime? [Yes.](#)
  - Timesheets? [Yes.](#)
  - Taxes? [Yes.](#)
  - Purchasing? [Yes.](#)
  - Compensated time off? [Yes.](#)
4. Are employees time sheets approved? [Yes.](#)

By whom (what position)? [By their direct supervisor – Clinic Case Management Supervisor, Clinic Operations Manager, and Director of Programs](#)

By the Executive Director? [The Executive Director approves her staff's timesheets. On occasion she will approve another department's timesheets if the Director of that department is out of the office.](#)
5. Does the Grantee's payroll preparation and distribution involve more than one employee? [Yes.](#)

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6. Does an authorized official approve all checks before being signed? Yes - There are many layers in the payment approval process. The final step of the process – check approval – is done by either the Executive Director or the Director of Development. They have both been authorized to approve & sign checks.

Additional Comments:

Face to Face has their policy and procedures for staff and their budget well documented.

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### PROGRAMMATIC QUESTIONS

Please use this space to answer all questions.

#### ***Program History***

When was your program started? Why was it started? Face to Face Health and Counseling Service, Inc. (Face to Face) began in 1972 as a volunteer-staffed, phone-in crisis counseling center for youth on St. Paul's East Side. Over the last 44 years, services have evolved and expanded based on the needs of youth in the community. We focus our efforts to help teens and young adults who are low income and face multiple barriers to their healthy development such as teen pregnancy, homelessness, domestic abuse, lack of family support, and sexual orientation/gender issues. The agency mission reflects our goal of providing holistic services: ***Empowering youth to overcome barriers and strive toward healthy and self-sufficient lives.***

Assisting young people in crisis due to pregnancy has been a main focus of Face to Face services from the start. The agency started providing prenatal care and support to young, mostly single mothers in 1978, in partnership with volunteer physicians from St. John's Hospital. In 1988, Face to Face was awarded a state Maternal and Child Program grant to start the Improving Pregnancy Outcomes project, now called Connect. Since 1988, the program has provided an alternative to abortion for pregnant girls and young women who are primarily unmarried, low income, and facing many barriers to healthy pregnancy, family stability, and self-sufficiency. The Connect program supports, encourages, and assists young women in carrying their pregnancies to term and caring for their babies after birth by offering case management, education, emergency assistance, and assistance connecting to resources—integrated with prenatal medical care—in a program designed especially for young people. In 2006, Face to Face received a Positive Alternatives grant to expand the Improving Pregnancy Outcomes project. Since 2008, Positive Alternatives has been the primary source of support for the program.

What need does your program fulfill? Our entire goal as a program is to reduce the barriers young people face in getting quality health care. We are intentional about promoting health equity through our insurance assistance programs, transportation assistance, translator services, and case management support for pregnant women. Our case managers specialize in ensuring young women have access to the care they need to carry their pregnancies to term, have healthy babies, and live self-sufficient lives – both in terms of health care and other psycho/social needs.

How has the program grown or changed since its beginning? The agency as a whole now has three major program areas: Adolescent Health, Mental Health, and Homeless Youth Programs.

The Connect program itself has evolved many times since its inception. We now partner with HealthPartners Midwifery Program and United Family Medicine Residency Program for OB services. We also started offering Centering group prenatal care in 2009. We've been able to expand the services we offer over time. Most recently we've been able to add rental assistance for homeless mothers or those at risk for homelessness. We also began a partnership with Cradles of Hope to provide pack n plays and safe sleep education.

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### ***Grantee's Target population***

- Who does the organization primarily serve? Youth and young adults ages 11 to 24. We focus our efforts to help teens and young adults who are low income and face multiple barriers to their healthy development such as teen pregnancy, homelessness, domestic abuse, lack of family support, and sexual orientation/gender issues.
- What is the program's demographic and geographic coverage? In 2015, 3,083 youth and young adults ages 11 to 24 were served by the agency as a whole. Health educators made nearly 5,000 additional contacts during outreach and in education sessions. Of young people served in 2015: 81% were youth of color, 15% Hispanic/Latino, 72% female, and 83% were ages 11-21 (the average age is 19). Our clients are mainly from Ramsey County but we serve surrounding counties also.

Of the 282 young women who received Connect services in 2015: 87% were young women of color, 15% Hispanic ethnicity, 39% teens ages 15 to 19, 74% were from Saint Paul, 98% were low income, and 92% were unmarried. The average age was 20.

- Review recent Demographic reporting.

### ***Leadership and Governance***

Effective Board: How many board members currently serve, who are they? Face to Face is governed by a Board of Directors that currently has 13 members. New members are elected by the full Board and may serve up to two three-year terms. Board members are recruited to provide a range of expertise on operational, programmatic, development and governance issues. Current Board members' backgrounds include adolescent health, health policy, public health, law enforcement, finance, legal, human resources, non-profit management and business. An ongoing priority is to recruit Board members that reflect the community we serve. Currently, two Board members are people of color and two are GLBT-identified. An Emeritus Board (with 8 members) assists with fundraising.

- How often do they meet? How are they informed of organization's progress and challenges? The Board meets 10 times a year, monthly with the exception of August and December. At each Board meeting a program update is provided from one of our program staff so that Board members get a deeper insight into the work of the agency and have an opportunity to ask questions and exchange ideas. Prior to the meetings they receive the current agency financials, the development report, and the committee meeting minutes. Monthly, they receive an Executive Director's update with information about program and agency activities. The Executive Committee meets monthly with the Executive Director to get information on agency activities and to plan the agenda for the full Board meeting. The Finance Committee meets with the Executive Director and Finance Director monthly to review the monthly financials and agency

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dashboard and make recommendations to the full membership for approval. The External Relations Committee meets monthly with the Executive Director and Development Director to review and plan fundraising and development activities. The Governance/H.R. Committee meets as needed around agency policy, governance and board recruitment.

- How supportive is the Board of the program? *Very.*
- How is the program staffed? Who is responsible for the supervision of grant staff? *The program is staffed by the Clinic Case Management Supervisor, two Case Managers, and a social work intern. The Clinic Case Management Supervisor provides supervision to the two case manager and the intern. The Clinic Case Management Supervisor reports to the Clinic Operations Manager.*
  - How are staff evaluated on their performance? How long have PA staff been employed there? *The agency performs yearly performance evaluations. The Clinic Case Management Supervisor meets with staff weekly to discuss performance, goals, challenges and achievements. One case manager has been with the agency for 18 years, the other for 3 years. The Clinic Case Management Supervisor, who also provides direct prenatal case management services, started with the agency in December 2016. The social worker intern changes yearly and is part of the team from September-May each year. The Clinic Operations Manager has been overseeing the program for a little over a year.*
  - How are staff background checks done? *Background checks are completed on all staff and volunteers before beginning work with Face2Face. Background checks are submitted to HR upon offer of a position with Face2Face and then sent to a third party vendor- McDowell Agency. Results are generally viewed by HR only and in some cases, the Executive Director.*
  - What is your organization's policy on complaints for staff and clients? *See attached Client Complaint Procedures and Employee Grievance Process*

### **Budget**

- Does the current budget reflect your work plan activities? *Yes*
- Is the budget accurate for the project size/scope? *Yes*
- Do you have any challenges with the budget or invoicing? *No*
- Has your Financial Reconciliation taken place? *No*
- If you have an elevated risk designation, and/ or your Financial Reconciliation report cited any concerns, these will be discussed. *There is not an elevated risk.*

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### **Review Work Plan including:**

#### **Partners**

- If applicable: how are people referred to the program? Are there any barriers encountered with referral sources? What is your most common referral source? We don't have any formal referral partnerships for our prenatal program, but we do get referrals from multiple sources. Referrals come from schools, other social service agencies, county public nursing programs, and other clinics. Our most common referral source, however, are patient friends and family who have experienced the program.
- Challenges with partners or specific counties? None.

#### **Work Plan**

- Review your 2016 – 19 grant application's description of the program you are asking to be funded. On your work plan note the services and activities you said you would provide and the number of clients you would serve.
- **Prepare a short summary of your current program(s) and the number of clients being served.** How does what you describe in the application compare with what you are currently providing? Have any programs and/or activities or services been added or removed? Have the number of clients being served per quarter decreased or increased since June 2016? Is there anything in particular you want to share about your current program to explain its current status?

Our application stated we would provide the following services.

- Maintain current case management staff (2.54 FTE funded 100% through PA);
- Offer case management to all young mothers throughout pregnancy and through the baby's first year for those with continuing needs;
- Continue providing prenatal care including the best practice Centering group model;
- Offer parenting education through group care and semi-annual Parenting Events;
- Increase emergency material assistance in the form of diapers, formula and food;
- Provide transportation to remove barriers to receiving prenatal care;
- Expand emergency assistance to include housing support to pregnant or parenting young women experiencing homelessness or imminent risk of homelessness.
- Continue outreach and pregnancy testing at SafeZone drop-in center.

The services currently being provided match what was proposed. We have currently provided over 1,200 case management encounters with pregnant and parenting youth. We have successfully had 3 centering groups with a 4<sup>th</sup> about to start in April. In December we held our first of two parenting events and had 90 people total attend (46 adults and 44 children). Each month we are able to give out diapers, formula and food bags/cards to help meet client's emergency needs. We



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always tell clients to never let a lack of transportation be a reason to not attend their appointments. We have been providing bus tokens, cab fare and educating clients on how to request a cab ride utilizing their insurance benefits. This year has been the first year that we have been able to provide assistance to clients who are experiencing homelessness or at imminent risk of homelessness. We have been able to provide 12 clients with assistance. Within the past year we have added a medical provider at SafeZone 5 days a week (up from 2) who is able to do pregnancy tests with clients and then refer them to the Connect team. It has been a great resource for us and has allowed up to reach a wider range of clients.

Since June 2016 we have had some changes in staff and structure of the program. One of the three case manager positions was vacant from August to December. The position was filled in December with the addition of a Case Management Supervisor. She has been both providing direct prenatal case management in addition to greater supervision for the PA program as a whole. She has a wealth of experience in case management and is already coming up with recommendations to improve the level of service we provide to young people. The addition of this role has also allowed us to build a greater bridge between Connect services and the other areas of the agency such as Mental Health and SafeZone.

In addition to this position, we have been able to add two new volunteers to the team. We have a lactation consultant who is providing nursing education to both our prenatal and postpartum clients two days a week. Until recently, we also had a volunteer providing childcare during our OB clinic on Wednesday afternoons.

We have also begun a partnership with Cradle of Hope to provide clients with a pack-n-play, after we provide them with sleep safety training. We have been able to provide 13 clients with this resource since starting the program in December.

Our new client numbers have varied greatly since July, with a decrease in the 2<sup>nd</sup> quarter and an increase projected for the 3<sup>rd</sup> quarter (currently 48 on 3/15/17). We continue to watch these numbers closely and are discussing ways to increase intakes. Fewer clients and fewer contacts result in other targets above not being as high as they have been in previous quarters.

We have specifically struggled with clients being consistent about Centering in the past quarter. It has always been true that some Centering groups really connect and therefore stay more consistently engaged, and others struggle to form a strong bond. The 2<sup>nd</sup> quarter resulted in low Centering numbers due to the fact that we had several groups that simply didn't make that connection. We are hopeful that those numbers will increase in the remainder of the year.

- Do you anticipate making any changes to the 2017-18 Work Plan? If so, in what way and for what reasons?

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We have requested additional funding for 2017-2019 and if approved a few additions will be made to the work plan. These changes include:

- Increase our focus on **infant safety** by providing education and material support around sleep safety, car seat safety, and infant CPR.
- Provide more holistic care for pregnant and parenting young people by fully **incorporating Mental Health care** into our programming.
- **Increase access and incentive** for young women to seek care early and stay engaged in the program throughout their pregnancy and 1<sup>st</sup> year postpartum.
- **Expand emergency assistance to include transportation** support for young women pursuing work, education, housing, childcare or other opportunities.

We are also putting an increased focus on home visiting and meeting clients out in the community as part of the Connect program. We hope this will increase our accessibility for clients with transportation and childcare barriers. It will also give our case managers better insight into the living situation of clients.

### Participants:

- What type of outreach does the organization put into action? What is working well? What are more the challenging aspects to finding or retaining clients? **Most of our patient outreach is through word of mouth. We do, however, have a health education team who spends a great deal of time in the community raising awareness of adolescent health issues and connecting young people to our services. We have recently begun implementing a new, more patient-focused social media strategy as well. Our biggest challenge with retaining clients comes from our limited OB clinic hours. Because our medical care is provided in partnership with Regions and United, we are limited in the hours we can make OB appointments available. This is sometimes a problem for our clients balancing prenatal care with work, school, childcare, and other challenges. Our youth also face multiple barriers to receiving healthcare (poverty, homelessness, past trauma, domestic violence, etc.), often making it difficult for them to seek out and maintain consistent prenatal care.**

### Data:

- How is program data collected and by whom? Is data collected useful to agency? **Data is documented in two databases and pulled at the end of each month/quarter and analyzed by the agency data specialist.**
- Anything we can do to help or simplify data collection? **No. Things are generally going well in this area.**

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### **Review Evaluation**

- Your 2015-16 Evaluation Report Summary will be discussed (If you were a past grantee). Last year's Evaluation Report was discussed. Only a portion of the report was submitted. Communication with PA Face to Face staff was the issue.
- Your 2016-17 Evaluation Plan will be reviewed. Any suggestions provided in your 2015-16 Report Summary should be included in the plan, if you are continuing a similar evaluation. If you are planning a new evaluation, details will be discussed. Do you have any questions on your evaluation? This year's Evaluation study will focus on two areas – breastfeeding barriers for clients and rental assistance follow-up. The breastfeeding study is a continuation of last year's study. The rental assistance evaluation project will follow clients at the 1, 3 and 6 month time frame of providing rental assistance to determine if the program is making a difference. The rental assistance program is new to Face to face for this grant cycle.

### **Miscellaneous**

- Anything else you would like to share? Staff was having no follow up on several attempts to receive the MDH Women's Right to Know Booklet. This situation was looked at and Face to Face was sent additional information on how to order the booklets from MDH. Hopefully this issue has been remedied.
- Anything else we haven't asked?

### **What can we do to help?**

- Trainings and Grantee meetings useful for grantee? Any topic suggestions? We found the last site visit helpful. We were able to take the information gained about Cradle of Hope and car seat certification and incorporate that into our client care plans.
- Feedback or suggestions for the state?
- Is there any way MDH can assist you to better equip your success in the Positive Alternatives Grant Program?

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**Summary:**

Face to Face has been a Positive Alternative grantee since 2006. Their funding is used to support their Improving Pregnancy Outcomes Project. This program is comprehensive and includes: case management, education through their Centering group, emergency assistance, housing assistance, transportation assistance, translator services, referrals, and prenatal medical care. Face to Face also has Positive Alternatives funding to provide outreach and pregnancy testing at their Safe Zone drop-in Center for homeless youth in the heart of St. Paul. Their program is designed to focus on teens and young adults' ages 11 to 24 years. Recently Face to Face has partnered with Cradle of Hope to provide pack n plays along with education on safe sleep practices. This organization has community partnerships with school counselors, Ramsey County Public Health, Child Protection Services and Coordinated Access to Housing. Recently new staff have been added to the program energizing current programming. Face to Face utilizes volunteers and recently secured a volunteer lactation consultant to assist clients in their breastfeeding efforts.

One area of struggle for Face to Face PA funded programming has been their Centering program. This program presents difficulties in achieving consistency from one group to the next. Low participation levels also has been an issue. Incentives were discussed as a form of encouragement for this program's stability. Staff continue to look at ways to increase participation and consistency in this stellar program.

Face to Face continues to manage their Positive Alternative funding responsibly. The staff is intent on providing a continuum of care for their Improving Pregnancy Outcomes Project and has a vision for providing this care respectfully. Face to Face provides an integrative and whole approach for their clients and is a critical link for the health and well-being of youth and young adults of the St. Paul/ Ramsey community.

**Date: April 4, 2017**

**Grant Manager: Mary Ottman**